

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8789-62-036374  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED SEP 14 1962

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY - - -

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis, MissouriLength of stay in lb  
5 mon. 2 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Alexian Brothers HospitalInside Limits  
Yes ☒ No ☐c. CITY  
OR  
TOWN St. LouisInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 6245 EichelbergerReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Henry

Charles

Kornfeld

4. DATE  
OF  
DEATHMonth  
Sept.Day  
10,Year  
19625. SEX  
M6. COLOR OR RACE  
W7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
9-4-18909. AGE (last birthday)  
72IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Photoengraver (Retired)10b. KIND OF BUSINESS OR INDUSTRY  
Central Engraving11. BIRTHPLACE (City and state or country)  
St. Louis, Missouri12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Henry Kornfeld

13b. MOTHER'S MAIDEN NAME

Louisa Wise

14. NAME OF HUSBAND OR WIFE

Caroline Kornfeld

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Caroline Kornfeld 6245 Eichelberger

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH  
36 daysConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Cerebral arteriosclerosis

4 yrs.

DUE TO (c)

arteriosclerosis

3.32 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

1st Cerebral Thrombosis 1959

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
none20c. TIME OF  
INJURYHour  
a.m.  
Month, Day, Year  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis

Mo

21. I attended the deceased from 11-19-48 to 9-10-62 and last saw her alive on 9/8/62  
Death occurred at 5:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

May Sterkloff M.D.

22b. ADDRESS

512 Dover Place

22c. DATE SIGNED

9/11/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal

23b. DATE

9-13-62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

25. DATE RECD. BY LOCAL REG.

SEP 11 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

Dr. Max Starkloff  
512 Dover Place  
Fl. 3-1706

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John S. Dennehy*

Licensed Embalmer No.

*4194*

P. O. Address

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.